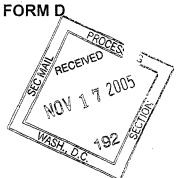
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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(B), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

O 1 10	APPROVAL	
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OMB Number: 3235-0076 Expires: November 30, 2001 Estimated average burden hours per response 16.00

SEC USE ONLY								
Prefix	Serial							
DATE RECEIVED								

Name of Offering (check if this is an amendment and name has changed, and indicate change.)
Series C Preferred Stock
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA
. Enter the information requested above the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
Evoxis, Inc.
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
200 Liberty Avenue, Suite 104, Pittsburgh, PA 15222 412/765-2004
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
if different from Executive Offices)
Brief Description of Business PROCESSED
software products
NOV 25 2005
Type of Business Organization THOMISON 05071862
Corporation
business trust
Month Year Actual or Estimated Date of Incorporation or Organization: 0 5 0 1

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA Enter the information requested for the following: · Each promoter of the issuer, if the issuer has been organized with the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and · Each general and managing partner of partnership issuers. Promoter Beneficial Owner □ Director Check Box(es) that Apply: General and/or Managing Partner Full Name (last name first, if individual) Crimmins, Martin X. Business or Residence Address (Number and Street, City, State, Zip Code) 2200 Liberty Avenue, Suite 104, Pittsburgh, PA 15222 Check Box(es) that Apply: Promoter ☐ Beneficial Owner □ Executive Officer Director General and/or Managing Partner Full Name (last name first, if individual) Prozzi, Patricia A. Business or Residence Address (Number and Street, City, State, Zip Code) 101 Hillpointe Drive, Suite 200, Canonsburg, PA 15317 Promoter ☐ Beneficial Owner □ Executive Officer □ Director Check Box(es) that Apply: General and/or Managing Partner Full Name (last name first, if individual) Foster, James E. Business or Residence Address (Number and Street, City, State, Zip Code) 787 Seventh Avenue, 34th Fl., New York, NY 10019 □ Executive Officer Check Box(es) that Apply: Promoter ☐ Beneficial Owner □ Director General and/or Managing Partner Full Name (last name first, if individual) Werner, Eric J. Business or Residence Address (Number and Street, City, State, Zip Code) 93 Werner Road, Greenville, PA 16125-9499 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Executive Officer □ Director ☐ General and/or Managing Partner Full Name (last name first, if individual) Lacenere, Anthony M. Business or Residence Address (Number and Street, City, State, Zip Code) 336 Fourth Avenue, Pittsburgh, PA 15222 ☐ General and/or Check Box(es) that Apply: Executive Officer Promoter ☐ Beneficial Owner ☐ Director Managing Partner Full Name (last name first, if individual) Ayyadevara, Venkat Business or Residence Address (Number and Street, City, State, Zip Code) 2200 Liberty Avenue, Suite 104, Pittsburgh, PA 15222 ☐ Promoter Check Box(es) that Apply: ■ Beneficial Owner ■ Executive Officer □ Director General and/or Managing Partner Full Name (last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

- <u></u>			777.0	B. II	FORMAT	ION ABO	UT OFFEI	RING				
					,						Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									\boxtimes			
					endix, Colu		•					
2. What is the minimum investment that will be accepted from any individual?										\$N/A		
3. Does the offering permit joint ownership of a single unit?								Yes ⊠	No			
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commis-										L.		
sion or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealing, you may set forth the information for that broker or dealer only.												
Full Name (1	ast name firs	st, if individu	al)				_					
None	:				· <u> </u>							
Business or	Residence A	ddress (Num	ber and Stree	et, City, State	e, Zip Code)							
Name of Ass	sociated Brol	cer or Dealer	,									
States in Wh	nich Person L	isted Has So	licited or Int	ends to Solid	cit Purchasers	;						
(Check	"All States"	or check in	dividual Sta	ites)	•••••						□ A	ll States
□AL	□ak	\square AZ	□ar	□CA	□co	□ст	□DE	□DC	□FL	□GA	□HI	\Box ID
	□IN	□IA	□KS	□KY	□LA	□ME	□MD	□MA	□MI	□MN	□MS	□мо
□MT	□NE	□NV	□NH	□NJ	□NM	□NY	□NC	□ND	□он	□oĸ	□OR	□PA
RI	□sc	□SD	☐TN	□TX	DUT	VT	□VA	□WA	□WV	□WI	WY	□PR
Full Name (1	last name firs	st, if individu	ial)						•			
Business or	Residence A	ddress (Num	ber and Stree	et, City, Stat	e, Zip Code)							
Name of Ass	sociated Brol	ker or Dealer										
States in Wh	nich Person L	isted Has So	licited or Int	ends to Solid	it Purchasers							
(Check	"All States"	or check in	dividual Sta	ites)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		****************				□ A	ll States
□AL	□ak	□AZ	□AR	□CA	□co	□ст	□DE	□DC	□FL	∏GA	□ні	
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□MT	□NE	□NV	□NH	□NJ	□NM	□NY	□NC	\square ND	□он	□ок	□OR	□PA
RI	□sc	□SD	□TN	□TX	UT	UVT	□VA	□WA	□w∨	□wı	□WY	□PR
Full Name (last name firs	st, if individu	ıal)									
Business or	Residence A	ddress (Num	ber and Stree	et, City, State	e, Zip Code)							
												
Name of Ass	sociated Brol	ker or Dealer	•									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
(Check "All States" or check individual States)								□ A	ll States			
□AL	□AK	□az	□AR	□CA	□co	□ст	□DE	□DC	□FL	□GA	□ні	\square ID
	□īN	□IA	□KS	□KY	□LA	□ME		□MA	□MI	□MN	□MS	□мо
□MT	□NE	□NV	□NH	□NJ	□NM	□NY	□NC	□ND	□он	□ок	□OR	□PA
□RI	□sc	□SD	□TN	\Box TX	□UT	□VT	□VA	\square WA	□wv	□wi	□WY	□PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities officer for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt..... Equity..... \$ 2,500,000 Common Common □ Preferred Convertible Securities (including warrants) Partnership Interests Other (Specify Total..... \$ 2,500,000 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors.... 363,000 Non-accredited Investors.... Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. Dollar Amount Type of Security Type of offering Sold Rule 505 Regulation A Rule 504 Total..... 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees 14,500 Accounting Fees \Box Engineering Fees \Box Sales Commissions (specify finders' fees separately)..... blue sky fees; copying) \boxtimes 500 Other (Specify

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Total.....

15,000

	C. OFFERING PRICE, NUMBE	R OF INVESTORS, EXPENSES	AND US	SE OF PROCE	EDS	
	b. Enter the difference between the aggregate offerin tion 1 and total expenses furnished in response to Paradjusted gross proceeds to the issuer."	Part C - Question 4.a. This difference	e is the			\$_2,485,000
5.	Indicate below the amount of the adjusted gross proused for each of the purposes shown. If the amoun estimate and check the box to the left of the estimate, the adjusted gross proceeds to the issuer set forth in resp	nt for any purpose is not known, fund. The total of the payments listed mu	rnish an			
				Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees		□ \$_		□ \$	
	Purchase of real estate		□ \$_		□ \$	
	Purchase, rental or leasing and installation of machin	nery and equipment	□ \$_		□ \$	
	Construction or leasing of plant buildings and faciliti	ties	□ \$_		□ \$	
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger)	or securities of another	П .			
						1.525.000
	Repayment of indebtedness					1,525,000
	Working capital		□ \$_		× 3	960,000
	Other (specify):					
			☐ \$_		□ \$	····
	Column Totals		S_		⊠ \$	2,485,000
	Total Payments Listed (column totals added)				000,	_
		D. FEDERAL SIGNATURE				
ol	e issuer has duly caused this notice to be signed by lowing signature constitutes an undertaking by the est of its staff, the information furnished by the issue	issuer to furnish to the U.S. Securit er to any non-accredited investor p	ies and	Exchange Comr	nission	i, upon written re-
SS	uer (Print or Type)	ignature .		Date		
	oxis, Inc.	7 pm 1		Novembe	er <u>7</u> , 2	2005
٧a	me of Signer (Print or Type)	Title of Signer (Print or Type)				
	* ' ' '	CEO				

- ATTENTION-